

FILED MAR 25 1950

STANDARD CERTIFICATE OF DEATH

State File No. **8836**
1042

BIRTH NO. _____		REG. DIST. NO. <u>147</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY Jackson b. CITY (If outside corporate limits, write RURAL and give township) Kansas City c. LENGTH OF STAY (If in this place) 14 yrs. d. FULL NAME OF HOSPITAL OR INSTITUTION 4006 Tracy				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Jackson c. CITY (If outside corporate limits, write RURAL and give township) Kansas City d. STREET ADDRESS (If rural, give location) 4006 Tracy				
3. NAME OF DECEASED (Type or Print) Mrs. Elizabeth McGurk a. (First) b. (Middle) c. (Last)				4. DATE OF DEATH 3-5-50 (Month) (Day) (Year)				
5. SEX Fe		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH 1-19-1868		
9. AGE (In years last birthday) 82		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 1 HRS. Hours Min.		12. CITIZEN OF WHAT COUNTRY? U. S.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home				10b. KIND OF BUSINESS OR INDUSTRY				
11. BIRTHPLACE (State or foreign country) Donovan County, Kas.				12. CITIZEN OF WHAT COUNTRY? U. S.				
13a. FATHER'S NAME Isaac Horner				13b. MOTHER'S MAIDEN NAME Elizabeth Farrell		14. NAME OF HUSBAND OR WIFE Edward McGurk		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Wm. Hessel ADDRESS 4006 Tracy		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerosis, Heart Disease ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Hemorrhage				
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)								
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>				
21f. HOW DID INJURY OCCUR								
22. I hereby certify that I attended the deceased from 1-20 , 19 45 , to 3-5 , 19 50 , that I last saw the deceased alive on 2-28 , 19 50 , and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE Hugh H. Owens (Degree or title) Neighborhood				23b. ADDRESS 1139 Oak St Bldg				23c. DATE SIGNED 3-6-50
24a. BURIAL CREMATORY REMOVAL (Specify) Burial				24b. DATE 3-7-50				24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary
24d. LOCATION (City, town, or county) (State) Atchison, Kans.								
DATE REC'D BY LOCAL REG. 3-6-50				REGISTRAR'S SIGNATURE Leraldine Holmes				FUNERAL DIRECTOR'S SIGNATURE Thos. F. Quirk ADDRESS 4316 Troost

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student
Student Embalmer

Signed

Student Embalmer No. _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.